## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correcte maintenance fee notificat	ed below or directed oth	nerwise in Block 1, by (a	a) specifying a new corres	spondence address;	and/or	(b) indicating a sepa	rate "FEE ADDRESS" for
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758	<del></del> -						
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MOUNTAIN VIEW, CA 94041				(Depositor's name)			
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE	FILING DATE			ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
09/927,315	09/927,315 08/10/2001		Charles S. Zuker	23540-10616/US		540-10616/US	4699
APPLN. TYPE	: ASSAY EMPLOYING	S MAMMALIAN SWEET	T TASTE RECEPTOR CO	PREV. PAID ISSUI		TOTAL FEE(S) DUE	DATE DUE
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EXAMINER		ART UNIT	CLASS-SUBCLASS	J			·
ULM, JOHN D 1649  1. Change of correspondence address or indication of "Fee Address" (37)			435-007210				
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			or agents OR, alternati (2) the name of a single registered attorney or	f up to 3 registered patent attorneys ternatively, a single firm (having as a member a ey or agent) and the names of up to that attorneys or agents. If no name is			
B. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Regents of the University of California, Oakland, CA  U.S. Government, Dept. of Health and Human Services, Rockville, Maryland							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity							
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a. Applicant claims	tus (from status indicated s SMALL ENTITY statu	is. See 37 CFR 1.27.	☐ b. Applicant is no lon				
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